

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during
a recipient's temporary absence from an
inpatient facility.

☒ Yes. The State's policy is
described in ATTACHMENT 4.19-C.

☐ No.

N 77-1
supersedes
TN #

Approval Date 3/1/77 Effective Date 1/1/77

Revision: HCFA - Region VI-
November 1990

State/Territory: LOUISIANA

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141
Section 1902(a)
(13)(A) of Act
(Section 4211 (h)
(2)(A) of P.L.
100-203).

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded.

- (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year.

☒ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☐ Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.

STATE <i>Louisiana</i>	A
DATE REC'D <i>DEC 28 1990</i>	
DATE APPV'D <i>MAY 20 1992</i>	
DATE EFF <i>OCT 01 1990</i>	
HCFA 179 <i>9022</i>	

TN No. *9022*

Supersedes

TN No. *8722*

Approval Date *MAY 20 1992* Effective Date *OCT 01 1990*

Revision: HCFA-Region VI
March 1991

State : LOUISIANA

Citation
42 CFR 447.45
AT-79-50
Sec. 1915(b)(4),
(Sec. 4742 of
P.L. 101-508)

4.19(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

NOTE: EPSDT medical screening claims for beneficiaries age 4 months to 21 years must be received by Louisiana KIDMED within sixty (60) calendar days from the date of service or from the date eligibility is determined, whichever is later.

EXCEPTIONS to this rule may be granted due to certain extenuating circumstances (i.e. administrative error or hardship).

STATE <u>Louisiana</u>	A
DATE REC'D <u>2-18-93</u>	
DATE APPV'D <u>6-29-93</u>	
DATE EFF <u>3-1-93</u>	
HCFA 179 <u>93-02</u>	

TN# 93-02
Supersedes
TN# 84-08

Approval Date 6/29/93 Effective Date 3/1/93

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Louisiana

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

STATE	<u>LA</u>	A
DATE REC'D	<u>JUL 6 1987</u>	
DATE APPV'D	<u>JUL 30 1987</u>	
DATE EFF	<u>See HCFA-179</u>	
HCFA 179	<u>87-24</u>	

TN No. 87-24
Supersedes
TN No. 83-16

Approval Date JUL 30 1987

Effective Date See HCFA-179

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

<u>Citation</u>	4.19(g)	The Medicaid agency assures appropriate
42 CFR 447.201		audit of records when payment is based on
42 CFR 447.202		costs of services or on a fee plus
AT-78-90		cost of materials.

TN # 78-17
Supersedes
TN # _____

Approval Date 12/4/78

Effective Date 7/1/78

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation	4.19(h)	The Medicaid agency meets the requirements
42 CFR 447.201		of 42 CFR 447.203 for documentation and
42 CFR 447.203		availability of payment rates.
AT-78-90		

TN # 78-17

Supersedes

TN #

Approval Date 12/4/78 Effective Date 7/1/78

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation

42 CFR 447.201

42 CFR 447.204

AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

TN # 78-17
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TN #

Approval Date 12/4/78 Effective Date 7/1/78

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: LOUISIANA

Citation

<p>42 CFR 447.201 and 447.205</p>	<p>4.19(j)</p>	<p>The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.</p>
<p>1903(v) of the Act</p>	<p>(k)</p>	<p>The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.</p>

TN No. 91-25 Approval Date MAY 12 1992 Effective Date OCT 01 1991
Superseded
TN No. 89-03

HCFA ID: 7982E

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 05 1991</u>	
DATE APPV'D <u>MAY 12 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-25</u>	

66(a)

Revision: HCFA-PM-92-7 (MB)
October 1992

State/Territory: Louisiana

Citation

1903(i)(14)
of the Act

4.19(1) The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

STATE	<i>Louisiana</i>	A
DATE RECD	DEC 24 1992	
DATE APPLD	JAN 27 1993	
DATE LIF	OCT 01 1992	
HCFA 179	<i>92-24</i>	

TN No. *92-24*
Superseded *None - New Page*
TN No. *92-24* Approval Date JAN 27 1993 Effective Date OCT 01 1992

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: LOUISIANA

CITATION
1928(C)(2)
(C)(ii) of
the Act

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) or the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

- sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

- is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.*

- is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

*The State pays the following rate for the administration of a vaccine: \$9.45. This rate is effective beginning July 7, 1995.

1926 of
the Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

The methodology to assure Medicaid beneficiaries access to immunizations is currently pending subject to further guidance by the Federal government. Beginning April 1, 1995, documentation of equal access to immunizations will be required to be included as part of the yearly Obstetrical/Pediatric State plan amendment submittal in accordance with section 1926 of the Act.

STATE <u>Louisiana</u>	
DATE REC'D	<u>SEP 12 1995</u>
DATE APP'VD	<u>JUL 18 1996</u>
DATE EFF	<u>JUL 7 1995</u>
HCFA 179	<u>95-22</u>

A

IN# 95-22 Approval Date 07/18/96 Effective Date 07/07/95
Supersedes
TN# 94-36